

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

SECRETARY OF THE SENATE

14 JUN 11 PM 3:07

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Families for James Lankford

ADDRESS (number and street)

PO Box 1639

Check if different  
than previously  
reported. (ACC)

Bethany

OK

73008

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00466482

3. IS THIS  
REPORT☒NEW  
(N)

OR

AMENDED  
(A)

OK

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☐

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☒

Primary (12P)

☐

General (12G)

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M D D Y Y  
06 24 2014in the  
State of

OK

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

Special (30S)

Election on

M M D D Y Y  
06 04 2014in the  
State of

5. Covering Period

M M D D Y Y Y Y  
04 01 2014

through

M M D D Y Y Y Y  
06 04 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mrs. Terri Lynn Miller

Signature of Treasurer

Mrs. Terri Lynn Miller

Date

M M D D Y Y  
06 09 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)